

Foster Family Home - Corrective Action Report

Provider ID: 4-190027

Home Name: Genalyn Gonzales, CNA

Review ID: 4-190027-1

444 One Street

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 4/17/2019

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 4/17/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date